UNITED CONCORDIA DENTAL

http://www.uccifedvip.com

A Nationwide Dental PPO Plan

2010

Who may enroll in this plan: All Federal employees and annuitants in the United States and overseas who are eligible to enroll in the Federal Employees Dental and Vision Insurance Program.

This Plan has 5 enrollment regions, including overseas; please see the end of this brochure to determine your region and corresponding rates.

Enrollment Options for this Plan:

- **High Option – Self Only**
- **High Option – Self Plus One**
- **High Option – Self and Family**

A- (Excellent) **A.M. Best Rating** (*A.M. Best Insurance Reports*, 2009)	**DIACAP Certified** (*Department of Defense Information Assurance Certification and Accreditation Process*, since 2008)

FEDVIP
Federal Employees
Dental And Vision Insurance Program

Authorized for distribution by the:

United States
Office of Personnel Management

Center for
Retirement and Insurance Services
http://www.opm.gov/insure

Introduction

On December 23, 2004, President George W. Bush signed the Federal Employee Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The Act directed the Office of Personnel Management (OPM) to establish supplemental dental and vision benefit programs to be made available to Federal employees, annuitants, and their eligible family members. In response to the legislation, OPM established the Federal Employees Dental and Vision Insurance Program (FEDVIP). OPM has contracted with dental and vision insurers to offer an array of choices to Federal employees and annuitants.

This brochure describes the benefits of the United Concordia FEDVIP under United Concordia's contract OPM-06-00060-9 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

United Concordia Companies, Inc.
4401 Deer Path Road
Harrisburg, PA17110

1-877-394-8224
www.uccifedvip.com

This brochure is the official statement of benefits. No oral statement can modify or otherwise affect the benefits, limitations, and exclusions of this brochure. It is your responsibility to be informed about your benefits. You and your family members do not have a right to benefits that were available before January 1, 2010, unless those benefits are also shown in this brochure.

If you are enrolled in this Plan, you are entitled to the benefits described in this brochure. If you are enrolled in Self Plus One, you and your designated family member are entitled to these benefits. If you are enrolled in Self and Family coverage, each of your eligible family members is also entitled to these benefits.

OPM negotiates rates with each carrier annually. Rates are shown at the end of this brochure.

United Concordia Companies, Inc. is responsible for the selection of in-network providers in your area. Contact us at 1-877-394-8224 for the names of participating providers or to request a provider directory. You may also go to our website at www.uccifedvip.com. Continued participation of any specific provider cannot be guaranteed. Thus, you should choose your plan based on the benefits provided and not on a specific provider's participation. When you phone for an appointment, please remember to verify that the provider is currently in-network. If your provider is not currently participating in the provider network, you may nominate the dentist. Nomination forms are available on our website www.uccifedvip.com. Just click on **The Right Network,** then on the check mark at the bottom of the page to **Nominate Your Dentist**, or call us at 1-877-394-8224 and we will send one to you. You cannot change plans, outside of Open Season, because of changes to the provider network.

Provider networks may be more extensive in some areas than others. We cannot guarantee the availability of every specialty in all areas. If you require the services of a specialist and one is not available in your area, please contact us for assistance.

United Concordia and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program.

Table of Contents

Introduction 1
Table of Contents 1
FEDVIP Program Highlights 3
- A Choice of Plans and Options 3
- Enroll Through BENEFEDS 3
- Dual Enrollment 3
- Coverage Effective Date 3
- Pre-Tax Salary Deduction for Employees 3
- Annual Enrollment Opportunity 3
- Continued Group Coverage After Retirement 3
- Waiting Period 3

How We Have Changed For 2010 4
Section 1 Eligibility 5
- Federal Employees 5
- Federal Annuitants 5
- Survivor Annuitants 5
- Compensationers 5
- Family Members 5
- Not Eligible 5

Section 2 Enrollment 6
- Enroll Through BENEFEDS 6
- Enrollment Types 6
- Dual Enrollment 6
- Opportunities to Enroll or Change Enrollment 6
- When Coverage Stops 8
- Continuation of Coverage 8
- FSAFEDS/High Deductible Health Plans and FEDVIP 8

Section 3 How You Obtain Care 9
- Identification Cards/ Enrollment Confirmation 9
- Where You Get Covered Care 9
- Plan Providers 9
- In-Network 9
- Out-of-Network 9
- Pre-Determination 9
- Coordination of Benefits 9
- Rating Areas 11
- Limited Access Area 12
- Alternate Benefit 12
- Dental Review 12

Section 4 Your Cost For Covered Services 13
Section 5 Dental Services and Supplies Class A Basic 14
Class B Intermediate 16
Class C Major 19
Class D Orthodontic 24
General Services 25
Section 6 International Services and Supplies 26

Section 7 General Exclusions – Things We Do Not Cover....27
Section 8 Claims Filing and Disputed Claims Processes....28
How to File a Claim For Covered Services....28
Deadline For Filing Your Claim....28
Disputed Claims Process....28
Section 9 Definitions of Terms We Use in This Brochure....29
Stop Health Care Fraud!....31
Summary of Benefits....32
Rate Information....33

FEDVIP Program Highlights

A Choice of Plans and Options	You can select from several nationwide and in some areas regional, dental Preferred Provider Organizations (PPO), and high and standard coverage options. You can also select from several nationwide vision plans. You may enroll in a dental plan or a vision plan, or both. Visit www.opm.gov/insure/dental and www.opm.gov/insure/vision for more information.
Enroll Through BENEFEDS	You enroll through the Internet at www.BENEFEDS.com. Please see Section 2, Enrollment, for more information.
Dual Enrollment	If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) can not be covered by two FEDVIP dental plans or two FEDVIP vision plans.
Coverage Effective Date	If you sign up for a dental and/or vision plan during the 2009 Open Season, your coverage begins on January 1, 2010. Premium deductions start with the first full pay period beginning on/after January 1, 2010. You may use your benefits as soon as your enrollment is confirmed.
Pre-Tax Salary Deduction for Employees	Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars.
Annual Enrollment Opportunity	Each year, an Open Season will be held, during which you may enroll or change your dental and/or vision plan enrollment. This year, Open Season runs from November 9, 2009 through December 14, 2009. You do not need to re-enroll each Open Season unless you wish to change plans or plan options; your coverage will continue from the previous year. In addition to the annual Open Season, there are certain events that allow you to make specific types of enrollment changes throughout the year. Please see Section 2, Enrollment, for more information.
Continued Group Coverage After Retirement	Your enrollment or your eligibility to enroll may continue after retirement. You do not need to be enrolled in FEDVIP for any length of time to continue enrollment into retirement. Your family members may also be able to continue enrollment after your death. Please see Section 1, Eligibility, for more information.
Waiting Period	The only waiting period is for orthodontic services. To meet this requirement, the person receiving the services must be continuously enrolled in this plan for the entire waiting period.

How We Have Changed For 2010

Changes to Annual Benefit Maximum

The annual benefit maximum for combined Class A, Class B and Class C services will increase to $3,500 per person.

Changes to Out-of-Network Services

Services performed by non participating providers will be covered as follows: Class A 80%, Class B 60%, Class C 40%, with no deductible and a $3,500 annual benefit maximum per person and Class D 50% with no deductible and a lifetime maximum of $1,500. Please see Section 3, How You Obtain Care, for more information.

Section 1 Eligibility

Federal Employees

If you are a Federal or U.S. Postal Service employee, you are eligible to enroll in FEDVIP if you are eligible for participation in the Federal Employees Health Benefits (FEHB) Program. Enrollment in the FEHB Program is not required.

Federal Annuitants

You are eligible to enroll if you:

- retired on an immediate annuity under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS) or another retirement system for employees of the Federal Government;
- retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government.

Your FEDVIP enrollment will continue into retirement, if you retire on an immediate annuity or for disability under CSRS, FERS or another retirement system for employees of the Government, regardless of the length of time you had FEDVIP coverage as an employee. There is no requirement to have coverage for 5 years of service prior to retirement in order to continue coverage into retirement, as there is with the FEHB Program.

Your FEDVIP coverage ends if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You may enroll in FEDVIP again when you begin to receive your annuity.

Survivor Annuitants

If you are a survivor of a deceased Federal/U.S. Postal Service employee or annuitant and you are receiving an annuity, you may enroll or continue the existing enrollment.

Compensationers

A compensationer is someone receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs (OWCP) due to an on-the-job injury/illness who is determined by the Secretary of Labor to be unable to return to duty. You are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status.

Family Members

Eligible family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.

FEDVIP rules and FEHB rules for family member eligibility are the same. For more information on family member eligibility, see the FEHB Handbook at www.opm.gov/insure/handbook or contact your employing agency or retirement system.

Not Eligible

The following persons are not eligible to enroll in FEDVIP, regardless of FEHB eligibility or receipt of an annuity or portion of an annuity:

- Deferred annuitants
- Former spouses of employees or annuitants
- FEHB Temporary Continuation of Coverage (TCC) enrollees
- Anyone receiving an insurable interest annuity who is not also an eligible family member

Section 2 Enrollment

Enroll Through BENEFEDS

You must use BENEFEDS to enroll or change enrollment in a FEDVIP plan. BENEFEDS is a secure enrollment website (www.BENEFEDS.com) sponsored by OPM. If you do not have access to a computer, call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680 to enroll or change your enrollment.

If you are currently enrolled in FEDVIP and do not want to change plans, **your enrollment will continue automatically. Please Note:** your plans' premiums may change for 2010.

Note: You cannot enroll in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, PostalEase, EBIS, MyPay, or Employee Personal Page. However, those sites may provide a link to BENEFEDS.

Enrollment Types

Self Only: A Self Only enrollment covers only you as the enrolled employee or annuitant. You may choose a Self Only enrollment even though you have a family; however, your family members are not covered under FEDVIP.

Self Plus One: A Self Plus One enrollment covers you as the enrolled employee or annuitant plus one eligible family member whom you specify. You may choose a Self Plus One enrollment even though you have additional eligible family members; however, the additional family members are not covered under FEDVIP.

Note: A Self Plus One enrollment option does not exist under the FEHB Program.

Self and Family: A Self and Family enrollment covers you as the enrolled employee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

Dual Enrollment

If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) can not be covered by two FEDVIP dental plans or two FEDVIP vision plans.

Opportunities to Enroll or Change Enrollment

Open Season

If you are an eligible employee or annuitant, you may enroll in a dental and/or vision plan during the November 9, 2009 through December 14, 2009 Open Season. Coverage is effective January 1, 2010.

During future annual Open Seasons, you may enroll in a plan, or change or cancel your dental and/or vision coverage. The effective dates of these Open Season enrollments and changes are set by OPM. **If you want to continue your current enrollment, do nothing. Your enrollment carries over from year to year unless you change it.**

New hire/Newly eligible

You may enroll within 60 days after you become eligible as:

- a new employee;
- a previously ineligible employee who transferred to a covered position;
- a survivor annuitant if not already covered under FEDVIP; or
- an employee returning to service following a break in service of at least 31 days.

Your enrollment will be effective the first day of the pay period following the one in which BENEFEDS receives and confirms your enrollment.

Qualifying Life Event

A qualifying life event (QLE) is an event that allows you to enroll or change your enrollment outside of an Open Season.

The following chart lists the QLEs and the enrollment actions you may take.

Qualifying Life Event	From Not Enrolled to Enrolled	INCREASE: Enrollment Type	DECREASE: Enrollment Type	Cancel	CHANGE: From One Plan to Another
Acquiring an eligible family member	No	Yes	No	No	No
Losing a covered family member	No	No	Yes	No	No
Losing other dental/vision coverage (eligible or covered person)	Yes	Yes	No	No	No
Moving out of regional plan's service area	No	No	No	No	Yes
Going on active duty, non-pay status*	No	No	No	Yes	No
Return to pay status from active military duty	Yes	No	No	No	No
Annuity/compensation restored	Yes	Yes	Yes	No	No

*This also applies when your spouse goes on active duty and, as a result, you and your dependents are covered under the active military health/dental plans.

The timeframe for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plan's service area and
- You cannot request a new enrollment based on a QLE before the QLE occurs. You must make the change no later than 60 days after the event.

Generally, enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the pay period during which BENEFEDS receives and confirms the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

Once you enroll in a plan, your 60-day window for that type of plan ends, even if 60 calendar days have not yet elapsed. That means once you have enrolled in either plan, you cannot change or cancel that particular enrollment until the next Open Season, unless you experience a QLE that allows such a change or cancellation.

Canceling an enrollment

You may cancel your enrollment only during the annual Open Season. An eligible family member's coverage also ends upon the effective date of the cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the Open Season effective date.

When Coverage Stops

Coverage ends when you:

- no longer meet the definition of an eligible employee or annuitant;
- begin a period of non-pay status or pay that is insufficient to have your FEDVIP premiums withheld and you do not make direct premium payments to BENEFEDS;
- are making direct premium payments to BENEFEDS and you stop making the payments; or
- cancel the enrollment during Open Season.

Coverage for a family member ends when:

- you as the enrollee lose coverage; or
- the family member no longer meets the definition of an eligible family member.

Continuation of Coverage

Under FEDVIP, there is no 31-day extension of coverage. The following are also NOT available under the FEDVIP plans

- Temporary Continuation of Coverage (TCC);
- spouse equity coverage; or
- right to convert to an individual policy (conversion policy).

FSAFEDS/High Deductible Health Plans and FEDVIP

If you are planning to enroll in an FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA), you should consider how coverage under a FEDVIP plan affects your annual expenses, and thus the amount that you should allot to an FSAFEDS account. Please note that insurance premiums are not eligible expenses for either type of FSA.

Because of the tax benefits an FSA provides, the IRS requires that you forfeit any money for which you did not incur an eligible expense and file a claim in the time period permitted. This is known as the "Use-it-or-Lose-it" rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in 2010. See www.fsafeds.com or call 1-877-FSAFEDS (372-3337) or TTY: 1-800-952-0450.

If you enroll or are enrolled in a high deductible health plan with a health savings account (HSA) or health reimbursement arrangement (HRA), you may use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB and FEDVIP plans.

You will be required to submit your claim on behalf of the United Concordia Dental Plan to the FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA).

Section 3 How You Obtain Care

Identification Cards/ Enrollment Confirmation

You receive an identification card (two cards if you enroll under the Self Plus One or Self and Family options), which will serve as confirmation of your enrollment. The ID card is neither a guarantee of benefits nor does your provider need it to render dental services. Your dentist may call 1-877-394-8224 to confirm your enrollment in the plan and the benefits available to you. You may print an ID card at www.uccifedvip.com.

Where You Get Covered Care

You can receive care from any licensed dentist in the United States. However, when you use a participating provider, your out-of-pocket costs may be lower.

Plan Providers

We list plan providers in the provider directory, which we update weekly. The list is available on our website at: www.uccifedvip.com or by calling FEDVIP customer service at 1-877-FYI-UCCI (1-877-394-8224).

In-Network

In-network care is provided by a participating dentist in United Concordia's National Fee-for-Service Network. You can locate a participating provider by visiting our website at www.uccifedvip.com, or by calling FEDVIP customer service at 1-877-FYI-UCCI (1-877-394-8224).

Out-of-Network

The plan allows for Out-of-Network benefits. The allowable charge will be based on United Concordia Dental's Maximum Allowable Charge. A member will pay the coinsurance plus the difference between the allowed amount and the out-of-network provider's charge.

Emergency Services:

All expenses for emergency services are payable as any other expense. If you receive services from an out-of-network dentist, benefits will be paid under the out-of-network plan provisions. You are responsible for the difference between the Plan payment and Plan Allowance.

Pre-Determination

Pre-determination is not necessary under this Plan. However, we do recommend that you request a pre-determination of benefits for more extensive treatments. This will assure both you and your dentist that the service is covered and indicate how much you can expect to pay out-of-pocket.

Coordination of Benefits

If you have dental coverage through an FEHB plan and through FEDVIP, your FEHB plan is the first payor of any benefit payments. We are responsible for coordinating benefits with the primary FEHB payor. Please ask your dentist to submit the charges to your FEHB plan. Upon finalization, your National Fee-for-Service participating provider should submit a claim and all other insurance information to United Concordia Dental for coordination of benefits. Please note that it is not your responsibility to submit any claim information or an explanation of benefits (EOB) to United Concordia Dental.

We may send you a letter asking for other insurance carrier information, if we have an indication of other insurance, but do not have the carrier details in order to determine the first payor. Any claims received during the questionnaire process are pended for return of the letter providing other insurance information.

United Concordia Dental also coordinates benefit payments with non-FEHB carriers. If you are the policy holder for both FEDVIP and a commercial carrier, the plan that has been in effect the longest . We also coordinate benefit payments with any other group health benefits coverage you may have and the payment of dental costs under no-fault insurance that pays benefits without regard to fault.

United Concordia Dental is the primary payor if we do not have an indication of other insurance on our enrollment files and there is no indication of other insurance on the claim form.

COB In-Network Examples:

When the covered individual has FEHB coverage that offers dental benefits, United Concordia is always secondary to the FEHB carrier.	**Services were performed by an In-Network Provider.**
Provider submitted charge for a one surface amalgam filling	$105.00
In Network allowance of the Primary Plan	$65.00
FEHB paid as primary carrier ($24.00 applied to coinsurance)	$41.00 ($65.00 - $24.00)
United Concordia Allowance	$60.00
United Concordia benefits payable in the absence of other insurance (United Concordia as primary)	$48.00 ($60.00 at 80%)
Payment by United Concordia	$24.00 ($65.00 - $41.00)
Patient's responsibility to the provider	$0.00 ($65.00 - $41.00 - $24.00)
When United Concordia is secondary to a Non-FEHB dental carrier	**Services were performed by an In-Network provider**
Provider submitted charge for a two surface amalgam filling	$131.00
In Network allowance of the Primary Plan	$70.00
Payable by Primary Carrier ($5.00 applied to coinsurance)	$65.00 ($70.00 - $5.00)
United Concordia Allowance	$60.00
United Concordia benefit in absence of other insurance (United Concordia as primary)	$48.00 ($60.00 at 80%)
Payable by United Concordia (The total payment by the primary and secondary plan cannot exceed the provider charge)	$5.00 ($70.00 - $65.00)
Patient responsibility	$0.00 ($70.00 - $65.00 - $5.00)

COB Out-of-Network Examples:

When the covered individual has FEHB coverage that offers dental benefits, United Concordia is always secondary to the FEHB carrier	**Services were performed by an Out-of-Network Provider.**
Provider submitted charge for a one surface amalgam filling	$105.00
In Network allowance of the Primary Plan	N/A
FEHB paid as primary carrier ($24.00 applied to coinsurance)	$41.00
United Concordia's Maximum Allowable Charge	$80.00
United Concordia benefits payable in the absence of other insurance (United Concordia as primary)	$48.00 ($80.00 at 60%)
Payment by United Concordia	$48. 00
Patient's responsibility to the provider	$16.00 ($105.00 - $41.00 - $48.00) **Since the provider does not participate in either network, he is allowed to balance bill the member.**
When United Concordia is secondary to a Non-FEHB dental carrier	**Services were performed by an Out-of-Network provider**
Provider submitted charge for a two surface amalgam filling	$131.00
In Network allowance of the Primary Plan	N/A
Payable by Primary Carrier ($5.00 applied to coinsurance)	$65.00
United Concordia's Maximum Allowable Charge	$80.00
United Concordia benefit in absence of other insurance (United Concordia as primary)	$48.00 ($80.00 at 60%)
Payable by United Concordia (The total payment by the primary and secondary plan cannot exceed the provider charge)	$48.00
Patient responsibility	$18.00 ($131.00 - $65.00 - $48.00) **Since the provider does not participate in either network, he is allowed to balance bill the member.**

Rating Areas

Your rates are determined based on where you live. This is called a rating area. If you move, you must update your address through BENEFEDS. Your rates may change because of the move.

Limited Access Area

If you live in a limited access area and you receive covered services from an out-of-network provider, we pay 100% of our plan allowance. Applicable co-insurance, maximums and other benefit features apply. You are responsible for any difference between the amount billed and our payment. You can find a list of our limited access areas at: www.uccifedvip.com or by calling 1-877-394-8224.

Alternate Benefit

The alternate benefit provision determines how payment is made when there are two or more clinically acceptable dental services available to satisfactorily correct the same dental condition. This provision states that United Concordia provides coverage for the less expensive service available, while still ensuring that you receive the quality care you need.

Situations where this provision may apply include amalgam or composite fillings versus crowns and onlays, and partial denture versus fixed bridge.

Dental Review

United Concordia Dental reviews claims that report single crowns, onlays, fixed bridgework, impacted third molars, operative periodontics or services that are of a complex or questionable nature. Your dentist must submit supporting documentation such as x-rays or charting that are required for certain services.

Section 4 Your Cost For Covered Services

This is what you will pay out-of-pocket for covered care:

Coinsurance

Coinsurance is the percentage of our allowance that you must pay for your care. Out-of-network, the allowable charge will be based on United Concordia Dental's Maximum Allowable Charge. A member will pay the coinsurance plus the difference between the allowed amount and the out-of-network provider's charge.

	In-Network	Out-of-Network
Class A	0%	20%
Class B	20%	40%
Class C	50%	60%
Orthodontics	50%	50%

Annual Benefit Maximum

Our plan includes an annual benefit maximum of $3,500 per covered person for combined Class A, B and C covered services. Once you reach this amount, you are responsible for all charges for the remainder of the calendar year.

Lifetime Benefit Maximum

Our plan includes a lifetime benefit maximum of $1,500 per covered person for Class D dependent orthodontic services and a lifetime benefit maximum of $2,000 per covered person for dental accident services. Once you reach this amount, you are responsible for all charges for these services.

In-Network Services

In-network services are services performed by a dentist who is part of United Concordia's National Fee-for-Service network. Using a participating dentist may result in lower out-of pocket-costs. You can locate a participating dentist by visiting our website at www.uccifedvip.com or by calling 1-877-FYI-UCCI (1-877-394-8224).

Out-of-Network Services

You may use any licensed dentist; however benefits received out of network could result in higher out-of-pocket costs.

If you live in a limited access area your benefits will be paid at the in network benefit plan allowance. You can determine if you live in an underserved area by visiting our website at www.uccifedvip.com or by calling 1-877-FYI-UCCI (1-877-394-8224).

Emergency Services

All expenses for emergency services are payable as all other expenses. If you receive services from an out of network provider, you will be responsible for the difference between the allowed amount and the provider's charge.

Dental Accident

A dental accident is an injury to sound natural teeth and supporting structures caused by a violent external force such as a fall or blow to the mouth.

United Concordia pays 100% of the program allowance for covered services specifically related to accidental dental injuries up to a lifetime maximum of $2,000. This benefit is separate from the services through the annual maximum of $3,500. Further, benefits paid for covered services related to the accident(s) in excess of $2,000 accrue to the annual benefit maximum.

For a complete list of services covered as dental accident services, call 1-877-FYI-UCCI (1-877-394-8224).

Plan Allowance

We determine our plan allowance as follows: for care rendered to members who reside in limited access areas, the 75th percentile of Ingenix data for the provider's location; for care provided to members who live outside of the 50 states, the District of Columbia or Puerto Rico, the 90th percentile of Ingenix data for the District of Columbia.

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar-year deductible for the plan benefits.
- The annual benefit maximum is $3,500 per covered person.

You Pay:

High Option

- **In-Network: 0%**
- **Out-of-Network: 20% coinsurance plus the difference between the allowed amount and the provider's charge.**

Diagnostic and Treatment Services
D0120 Periodic oral evaluation – *Limited to two every 12 months in combination with D0150, D0180, D0145*
D0140 Limited oral evaluation – problem focused – *Limited to one per patient per provider every 12 months*
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver
D0150 Comprehensive oral evaluation – new or established patient – *Limited to two every 12 months in combination with D0120, D0180, D0145*
D0180 Comprehensive periodontal evaluation – new or established patient – *Limited to two every 12 months in combination with D0120, D0180, D0145*
D0210 Intraoral – complete series (including bitewings)
D0220 Intraoral – periapical first film
D0230 Intraoral – periapical – each additional film
D0240 Intraoral – occlusal film
D0270 Bitewing – single film
D0272 Bitewings – two films
D0273 Bitewings – three films
D0274 Bitewings – four films
D0277 Vertical bitewings – 7 to 8 films
D0330 Panoramic film
D0425 Caries susceptibility tests
D0999 Unspecified diagnostic procedure
Preventative Services
D1110 Prophylaxis – adult – *Limited to two every 12 months*
D1120 Prophylaxis – child – *Limited to two every 12 months*
D1203 Topical application of fluoride (excluding prophylaxis) – child – *Limited to two every 12 months*
D1204 Topical application of fluoride (excluding prophylaxis) – adult – *Limited to two every 12 months*
D1206 Topical fluoride varnish; therapeutic application for moderate to high caries risk patients – *Limited to two every 12 months*
D1351 Sealant – per tooth – *Limited to permanent molars through age 18. One sealant per tooth in a 3-year period*
D1510 Space maintainer – fixed – unilateral – *Limited to members under age 19*
D1515 Space maintainer – fixed – bilateral – *Limited to members under age 19*

Preventative Services - continued on next page

Preventative Services (cont.)
D1520 Space maintainer – removable – unilateral – *Limited to members under age 19*
D1525 Space maintainer – removable – bilateral – *Limited to members under age 19*
D1550 Re-cementation of space maintainer – *Limited to members under age 19*
D1555 Removal of fixed space maintainer – *Limited to members under age 19*
Additional Procedures covered as Basic Services
D9110 Palliative treatment of dental pain – minor procedure

Not covered:

- *Plaque control programs*
- *Oral hygiene instruction*
- *Dietary instructions*
- *Sealants for teeth other than permanent molars*
- *Over-the-counter dental products, such as teeth whiteners, toothpaste, dental floss*

***Current Dental Terminology*© American Dental Association**

Class B Intermediate

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar-year deductible for the plan benefits.
- The annual benefit maximum is $3,500 per covered person.

You Pay:

High Option

- **In-Network: 20% of our network allowance**
- **Out-of-Network: 40% coinsurance plus the difference between the allowed amount and the provider's charge.**

Minor Restorative Services
D2140 Amalgam – one surface, primary or permanent – *Limited to one in 24 months for replacement restorations*
D2150 Amalgam – two surfaces, primary or permanent – *Limited to one in 24 months for replacement restorations*
D2160 Amalgam – three surfaces, primary or permanent – *Limited to one in 24 months for replacement restorations*
D2161 Amalgam – four or more surfaces, primary or permanent – *Limited to one in 24 months for replacement restorations*
D2330 Resin–based composite – one surface, anterior – *Limited to one in 24 months for replacement restorations*
D2331 Resin-based composite – two surfaces, anterior – *Limited to one in 24 months for replacement restorations*
D2332 Resin-based composite – three surfaces, anterior – *Limited to one in 24 months for replacement restorations*
D2335 Resin-based composite – four or more surfaces or involving incisal angle (anterior) – *Limited to one in 24 months for replacement restorations*
D2910 Re-cement inlay – *Limited to one per 6 month period; integral within 12 months of the placement of prosthesis*
D2920 Re-cement crown – *Limited to one per 6 month period; integral within 12 months of the placement of prosthesis*
D2930 Prefabricated stainless steel crown – primary tooth – *Covered through age 14*; *Limited to one per patient, per tooth, per lifetime*
D2931 Prefabricated stainless steel crown – permanent tooth – *Covered through age 14; Limited to one per patient, per tooth, per lifetime*
D2951 Pin retention – per tooth, in addition to restoration
D2970 Temporary crown – Covered through age 14; Limited to one per patient
D6092 Re-cement implant/abutment supported crown - *Limited to one per 6 month period; integral within 12 months of the placement of prosthesis*
D6093 Re-cement implant/abutment supported fixed partial denture – *Limited to one per 6 month period; integral within 12 months of the placement of prosthesis*
Not Covered:
• *Restorations, including veneers, which are placed for cosmetic purposes only*
• *Gold foil restorations*

Endodontic Services
D3220 Therapeutic pulpotomy (excluding final restoration)
D3222 Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development - *Limited to permanent teeth only, one per tooth per lifetime*
D3230 Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) – *Limited to primary incisor teeth for members up to age 6, and for primary molars and cuspids up to age 11 and is limited to one per tooth per lifetime.*
D3240 Pulpal therapy (resorbable filling) – posterior, primary tooth excluding final restoration). *Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to one per tooth per lifetime.*
Periodontal Services
D4341 Periodontal scaling and root planning-four or more teeth per quadrant – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4342 Periodontal scaling and root planning-one to three teeth, per quadrant – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4910 Periodontal maintenance – *Limited to up to 4 periodontal cleanings and 2 routine cleanings within a 12 month period but the total cannot exceed 4 in 12 months.*
D4999 Unspecified periodontal procedure
Prosthodontic Services
D5410 Adjust complete denture – maxillary – *Integral within 6 months of the initial or replacement denture*
D5411 Adjust complete denture – mandibular – *Integral within 6 months of the initial or replacement denture*
D5421 Adjust partial denture – maxillary – *Integral within 6 months of the initial or replacement denture*
D5422 Adjust partial denture – mandibular – *Integral within 6 months of the initial or replacement denture*
D5510 Repair broken complete denture base
D5520 Replace missing or broken teeth – complete denture (each tooth)
D5610 Repair resin denture base
D5620 Repair cast framework
D5630 Repair or replace broken clasp
D5640 Replace broken teeth – per tooth
D5650 Add tooth to existing partial denture
D5660 Add clasp to existing partial denture
D5710 Rebase complete maxillary denture – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5711 Rebase complete mandibular denture – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5720 Rebase maxillary partial denture – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5721 Rebase mandibular partial denture – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5730 Reline complete maxillary denture (chairside) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5731 Reline complete mandibular denture (chairside) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5740 Reline maxillary partial denture (chairside) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5741 Reline mandibular partial denture (chairside) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5750 Reline complete maxillary denture (laboratory) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*

Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)
D5751 Reline complete mandibular denture (laboratory) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5760 Reline maxillary partial denture (laboratory) – *Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5761 Reline mandibular partial denture (laboratory) –*Limited to one in 36 months; integral within 6 months of the insertion of the initial or replacement denture*
D5850 Tissue conditioning (maxillary)
D5851 Tissue conditioning (mandibular)
D6930 Recement fixed partial denture – *Limited to one per 6 month period; integral within 12 months of the placement of prosthesis*
D6980 Fixed partial denture repair, by report
Oral Surgery
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220 Removal of impacted tooth – soft tissue
D7230 Removal of impacted tooth – partially bony
D7240 Removal of impacted tooth – completely bony
D7250 Surgical removal of residual tooth roots (cutting procedure)
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7280 Surgical access of an unerupted tooth
D7310 Alveoloplasty in conjunction with extractions – per quadrant
D7311 Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces, per quadrant
D7320 Alveoloplasty not in conjunction with extractions – per quadrant
D7321 Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant
D7471 Removal of exostosis
D7510 Incision and drainage of abscess – intraoral soft tissue
D7910 Suture of recent small wounds up to 5 cm
D7971 Excision of pericoronal gingiva
***Current Dental Terminology* © American Dental Association**

Class C Major

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar-year deductible for the plan benefits.
- The annual benefit maximum is $3,500 per covered person.

You Pay:

High Option

- **In-Network: 50% of our network allowance**
- **Out-of-Network: 60% coinsurance plus the difference between the allowed amount and the provider's charge.**

Major Restorative Services
D0160 Detailed and extensive oral evaluation – problem focused, by report – *Limited to one per patient per provider per lifetime*
D2542 Onlay – metallic – two surfaces – *Limited to one per 5 years*
D2543 Onlay – metallic – three surfaces – *Limited to one per 5 years*
D2544 Onlay – metallic – four or more surfaces – *Limited to one per 5 years*
D2642 Onlay – porcelain/ceramic – two surfaces – *Limited to one per 5 years*
D2643 Onlay – porcelain/ceramic – three surfaces – *Limited to one per 5 years*
D2644 Onlay – porcelain/ceramic – four or more surfaces – *Limited to one per 5 years*
D2662 Onlay – composite/resin – two surfaces – *Limited to one per 5 years*
D2663 Onlay – composite/resin – three surfaces – *Limited to one per 5 years*
D2664 Onlay – composite/resin – four or more surfaces – *Limited to one per 5 years*
D2710 Crown – resin laboratory – *Limited to one per 5 years*
D2712 Crown – 3/4 resin-based composite (indirect) – *Limited to one per 5 years*
D2720 Crown – resin with high noble meta l – *Limited to one per 5 years*
D2721 Crown – resin with predominantly base metal – *Limited to one per 5 years*
D2722 Crown – resin with noble metal – *Limited to one per 5 years*
D2740 Crown – porcelain/ceramic substrate – *Limited to one per 5 years*
D2750 Crown – porcelain fused to high noble metal – *Limited to one per 5 years*
D2751 Crown – porcelain fused to predominately base meta l- *Limited to one per 5 years*
D2752 Crown – porcelain fused to noble metal – *Limited to one per 5 years*
D2780 Crown – 3/4 cast high noble metal – *Limited to one per 5 years*
D2781 Crown – 3/4 cast predominately base metal – *Limited to one per 5 years*
D2782 Crown – 3/4 cast noble metal – *Limited to one per 5 years*
D2783 Crown – 3/4 porcelain/ceramic – *Limited to one per 5 years*
D2790 Crown – full cast high noble metal – *Limited to one per 5 years*
D2791 Crown – full cast predominately base metal – *Limited to one per 5 years*
D2792 Crown – full cast noble metal – *Limited to one per 5 years*
D2794 Crown – titanium – *Limited to one per 5 years*
D2950 Core buildup, including any pins – *Limited to one per 5 years*
D2954 Prefabricated post and core, in addition to crown – *Limited to one per 5 years*

Major Restorative Services - continued on next page

Major Restorative Services (cont.)
D2962 Labial veneer (porcelain laminate) – laboratory – *Limited to one per 5 years on anterior teeth only – by report*
D2980 Crown repair, by report
D2999 Unspecified restorative procedure, by report

Not covered:

- *Gold foil restorations*
- *Sedative restorations*
- *Restorations for cosmetic purposes only*
- *Composite resin inlays*

Endodontic Services
D3310 Anterior root canal (excluding final restoration)
D3320 Bicuspid root canal (excluding final restoration)
D3330 Molar root canal (excluding final restoration)
D3332 Incomplete endodontic therapy – *By report and is not covered when the patient discontinues treatment*
D3346 Retreatment of previous root canal therapy-anterior
D3347 Retreatment of previous root canal therapy-bicuspid
D3348 Retreatment of previous root canal therapy-molar
D3351 Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
D3352 Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)
D3353 Apexification/recalcification – final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)
D3999 Unspecified endodontic procedure, by report
D3410 Apicoectomy/periradicular surgery – anterior
D3421 Apicoectomy/periradicular surgery – bicuspid (first root)
D3425 Apicoectomy/periradicular surgery – molar (first root)
D3426 Apicoectomy/periradicular surgery (each additional root)
D3450 Root amputation – per root
D3920 Hemisection (including any root removal) – not including root canal therapy
Periodontal Services
D4210 Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4211 Gingivectomy or gingivoplasty – one to three teeth, per quadrant – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4240 Gingival flap procedure, including root planing, four of more contiguous teeth or bounded teeth spaces per quadrant – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4241 Gingival flap procedure, including root planning, one to three teeth, per quadrant – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4249 Clinical crown lengthening-hard tissue – *Limited to one per tooth per lifetime*
D4260 Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant -*Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4261 Osseous surgery (including flap entry and closure), one to three contiguous teeth or bounded teeth spaces per quadrant – *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4266 Guided tissue regeneration – resorbable barrier, per site
D4267 Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)

Periodontal Services - continued on next page

Periodontal Services (cont.)
D4270 Pedicle soft tissue graft procedure *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4271 Free soft tissue graft procedure (including donor site surgery) *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4273 Subepithelial connective tissue graft procedures (including donor site surgery) *Limited to one periodontal surgical procedure per 24 months per area of the mouth*
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis – *Limited to one per lifetime*
Prosthodontic Services
D5110 Complete denture – maxillary – *Limited to one in 5 years*
D5120 Complete denture – mandibular – *Limited to one in 5 years*
D5130 Immediate denture – maxillary – *Limited to one in 5 years*
D5140 Immediate denture – mandibular – *Limited to one in 5 years*
D5211 Maxillary partial denture – resin base (including any conventional clasps, rests and teeth) – *Limited to one in 5 years*
D5212 Mandibular partial denture – resin base (including any conventional clasps, rests and teeth) – *Limited to one in 5 years*
D5213 Maxillary partial denture – cast metal framework with resin denture base (including any conventional clasps, rests and teeth) *Limited to one in 5 years*
D5214 Mandibular partial denture – cast metal framework with resin denture base (including any conventional clasps, rests and teeth) – *Limited to one in 5 years*
D5281 Removable unilateral partial denture-one piece cast metal (including clasps and teeth) – *Limited to one in 5 years*
D5860 Over denture complete – *Limited to one in 5 years; allowance is based on that of a standard denture*
D5861 Over denture complete – *Limited to one in 5 years; allowance is based on that of a standard denture*
D5899 Unspecified removable prosthodontic procedure, by report
D6053 Implant/abutment supported removable denture for completely edentulous arch – *Limited to one in 5 years*
D6054 Implant/abutment supported removable denture for partially edentulous arch – *Limited to one in 5 years*
D6056 Implant related prefab abutment – *Limited to one in 5 years*
D6057 Implant related custom abutment – *Limited to one in 5 years*
D6059 Implant related abutment supported porcelain/metal crown – *Limited to one in 5 years*
D6060 Implant related abutment supported porcelain/metal crown base metal – *Limited to one in 5 years*
D6061 Implant related abutment supported porcelain/metal crown noble metal – *Limited to one in 5 years*
D6062 Implant related abutment supported cast metal crown high noble – *Limited to one in 5 years*
D6063 Implant related abutment supported cast metal crown base metal – *Limited to one in 5 years*
D6064 Implant related abutment supported cast metal crown noble metal – *Limited to one in 5 years*
D6065 Implant related implant supported porcelain ceramic crown – *Limited to one in 5 years*
D6066 Implant related implant supported porcelain/metal crown – *Limited to one in 5 years*
D6067 Implant related implant supported metal crown high noble – *Limited to one in 5 years*
D6068 Implant related abutment supported retainer/porcelain – *Limited to one in 5 years*
D6069 Implant related abutment supported retainer/porcelain/metal high noble – *Limited to one in 5 years*
D6070 Implant related abutment supported retainer/porcelain/metal base metal – *Limited to one in 5 years*
D6071 Implant related abutment support retainer/porcelain/metal noble metal – *Limited to one in 5 years*
D6072 Implant related abutment supported retainer/cast metal high noble – *Limited to one in 5 years*
D6073 Implant related abutment supported retainer/cast metal base metal – *Limited to one in 5 years*
D6074 Implant related abutment supported retainer/cast metal noble metal – *Limited to one in 5 years*
D6075 Implant related implant supported retainer/ceramic – *Limited to one in 5 years*

Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)
D6076 Implant related implant supported retainer/porcelain/metal – *Limited to one in 5 years*
D6077 Implant related implant supported retainer/cast metal high noble – *Limited to one in 5 years*
D6078 Implant related implant/abutment fixed partial – edentulous – *Limited to one in 5 years*
D6079 Implant related implant/abutment fixed dental – *Limited to one in 5 years*
D6094 Abutment supported crown – titanium – *Limited to one in 5 years*
D6194 Abutment supported retainer crown for fixed partial denture – titanium – *Limited to one in 5 years*
D6210 Pontic – cast high noble metal – *Limited to one in 5 years*
D6211 Pontic – cast predominately base metal – *Limited to one in 5 years*
D6212 Pontic – cast noble metal – *Limited to one in 5 years*
D6214 Pontic – titanium – *Limited to one in 5 years*
D6240 Pontic – porcelain fused to high noble metal – *Limited to one in 5 years*
D6241 Pontic – porcelain fused to predominately base metal – *Limited to one in 5 years*
D6242 Pontic – porcelain fused to noble metal – *Limited to one in 5 years*
D6245 Pontic – porcelain/ceramic – *Limited to one in 5 years*
D6545 Retainer – cast metal for resin bonded fixed prosthesis – *Limited to one in 5 years*
D6548 Retainer – porcelain/ceramic for resin bonded fixed prosthesis – *Limited to one in 5 years*
D6602 Inlay, cast high noble metal, two surfaces – *Limited to one in 5 years*
D6603 Inlay, cast high noble metal, three or more surfaces – *Limited to one in 5 years*
D6604 Inlay, cast predominantly base metal, two surfaces – *Limited to one in 5 years*
D6605 Inlay, cast predominantly base metal, three or more surfaces – *Limited to one in 5 years*
D6606 Inlay, cast noble metal, two surfaces – *Limited to one in 5 years*
D6607 Inlay, cast noble metal, three or more surfaces – *Limited to one in 5 years*
D6611 Onlay, cast high noble metal, three or more surfaces – *Limited to one in 5 years*
D6613 Onlay, cast predominantly base metal, three or more surfaces – *Limited to one in 5 years*
D6615 Onlay, cast noble metal, three or more surfaces – *Limited to one in 5 years*
D6710 Crown – indirect resin based composite – *Limited to one in 5 years*
D6720 Crown – resin processed to high noble metal – *Limited to one in 5 years*
D6721 Crown – resin processed to base metal – *Limited to one in 5 years*
D6722 Crown – resin processed to noble metal – *Limited to one in 5 years*
D6740 Crown – porcelain/ceramic – *Limited to one in 5 years*
D6750 Crown – porcelain fused to high noble metal – *Limited to one in 5 years*
D6751 Crown – porcelain fused to predominately base metal – *Limited to one in 5 years*
D6752 Crown – porcelain fused to noble metal – *Limited to one in 5 years*
D6780 Crown – 3/4 cast high noble metal – *Limited to one in 5 years*
D6781 Crown – 3/4 cast predominately base metal – *Limited to one in 5 years*
D6782 Crown – 3/4 cast noble metal – *Limited to one in 5 years*
D6783 Crown – 3/4 porcelain/ceramic – *Limited to one in 5 years*
D6790 Crown – full cast high noble metal – *Limited to one in 5 years*
D6791 Crown – full cast predominately base metal – *Limited to one in 5 years*
D6792 Crown – full cast noble metal– *Limited to one in 5 years*
D6794 Crown – titanium – *Limited to one in 5 years*
D6972 Prefabricated post and core, in addition to fixed partial denture retainer
D6973 Core buildup for retainer, including any pins
D6999 Unspecified fixed prosthodontic procedure, by report

Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)
D7999 Unspecified oral surgery
Not covered: • *Implant services other than those listed above* • *Cast unilateral removable partial dentures* • *Precision attachments, personalization, precious metal bases, and other specialized techniques* • *Replacement of dentures that have been lost, stolen or misplaced* • *Removable or fixed prostheses initiated prior to the effective date of coverage or inserted/cemented after the coverage ending date*
***Current Dental Terminology* © American Dental Association**

Class D Orthodontic

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar-year deductible for the plan benefits.
- The waiting period for orthodontic services is 24 months. The person receiving services must be covered under this Plan for the entire waiting period.
- The lifetime maximum for orthodontic services is $1,500.

You Pay:

High Option

- **In-Network: 50% of our network allowance**
- **Out-of-Network: 50% coinsurance plus the difference between the allowed amount and the provider's charge.**

Orthodontic Services – limited to members up to age 19
D8010 Limited orthodontic treatment of the primary dentition
D8020 Limited orthodontic treatment of the transitional dentition
D8030 Limited orthodontic treatment of the adolescent dentition
D8050 Interceptive orthodontic treatment of the primary dentition
D8060 Interceptive orthodontic treatment of the transitional dentition
D8070 Comprehensive orthodontic treatment of the transitional dentition
D8080 Comprehensive orthodontic treatment of the adolescent dentition
D8210 Removable appliance therapy
D8220 Fixed appliance therapy
D8660 Pre-orthodontic treatment visit
D8670 Periodic orthodontic treatment visit (as part of contract)
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))
D8999 Unspecified orthodontic procedure

Not covered:

- *Orthodontic care for persons age 19 and over*
- *Repair of damaged orthodontic appliances*
- *Replacement of lost or missing appliance*
- *Orthodontic services for an enrolled dependent who has not met the 24 month waiting period requirement under the plan.*
- *Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth*

***Current Dental Terminology*© American Dental Association**

General Services

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar-year deductible for the plan benefits.
- The annual benefit maximum is $3,500 per covered person.

You Pay:

High Option

- **In-Network: 20% of our network allowance**
- **Out-of-Network: 40% coinsurance plus the difference between the allowed amount and the provider's charge.**

Anesthesia Services
D9220 Deep sedation/general anesthesia – first 30 minutes – *Covered by report*
D9221 Deep sedation/general anesthesia – each additional 15 minutes – *Covered by report*
Intravenous Sedation
D9241 Intravenous conscious sedation/analgesia – first 30 minutes – *Covered by report*
D9242 Intravenous conscious sedation/analgesia – each additional 15 minutes – *Covered by report*
Consultations
D9310 Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)
Office Visits
D9440 Office visit – after regularly scheduled hours
Medications
D9610 Therapeutic drug injection, by report
D9612 Therapeutic parenteral drugs, two or more administrations, different medications
Post Surgical Services
D9930 Treatment of complications (post-surgical) unusual circumstances, by report
Miscellaneous Services
D9940 Occlusal guard, by report – *Limited to one per 12 month period for patients age 13 or over; not covered when performed for TMJ*
D9941 Fabrication of athletic mouthguard – *Limited to one per 12 month period*
D9974 Internal bleaching – per tooth – *Limited to one per endodontically treated tooth per 3 year period*

Not covered:

- *Nitrous oxide*
- *Oral sedation*

Current Dental Terminology © American Dental Association

Section 6 International Services and Supplies

International Claims Payment	You will need to submit a claim form with a receipt to be reimbursed in U.S. dollars based on the current Citibank foreign exchange rate.
Finding an International Provider	If you live overseas, you may visit any dentist. You are responsible for submitting a claim form with a receipt.
Filing International Claims	Submit the claim form and receipt to: United Concordia Companies, Inc. P.O. Box 69421 Harrisburg, PA 17106-9421 You can download a claim form from our website at www.uccifedvip.com.
Customer Service Website and Phone Numbers	You may contact Customer Service at 1-877-394-8224 or by visiting our website at www.uccifedvip.com.
International Rates	There is one international region. Please see the rate table for the actual premium amount.

Section 7 General Exclusions – Things We Do Not Cover

The exclusions in this section apply to all benefits. **Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care, or treatment of a covered condition.**

We do not cover the following:

- Any dental service or treatment not specifically listed as a covered service;
- Services and treatment not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, we will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law;
- Services and treatment which are experimental or investigational;
- Services and treatment which are for any illness or bodily injury which occurs in the course of employment if benefits or compensation is available, in whole or in part, under the provision of any legislation of any governmental unit. This exclusion applies whether or not you claim the benefits or compensation;
- Services and treatment for which the cost is later recovered in a lawsuit or in a compromise or settlement of any claim, except where prohibited by law;
- Services and treatment received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar person or group;
- Services and treatment performed prior to your effective coverage date including orthodontic treatment;
- Services and treatment incurred after the termination date of your coverage unless otherwise indicated;
- Services and treatment which are not dentally necessary, or which are not recommended or approved by the treating dentist (Services determined to be unnecessary or which do not meet accepted standards of dental practice are not billable to you by a participating dentist unless the dentist notifies you of your liability prior to treatment and you choose to receive the treatment. Participating dentists should document such notification in their records.);
- Services and treatment not meeting accepted standards of dental practice;
- Services and treatment resulting from your failure to comply with professionally prescribed treatment;
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;
- Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMJD);
- Services or treatment provided as a result of intentionally self-inflicted injury or illness;
- Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;
- Office infection control charges;
- Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/mailing copies of your records, charts or x-rays;
- State or territorial taxes on dental services performed;
- Adjunctive dental care services that may be covered under the FEHB or other medical insurance even when provided by a general dentist or oral surgeon.

Section 8 Claims Filing and Disputed Claims Processes

How to File a Claim For Covered Services

A United Concordia participating National Fee-for-Service dentist files the claim for you. If you do need to file a claim, you and the dentist should complete the appropriate claim form sections, and you should then mail the claim to the address below. You can download a claim form from our website at www.uccifedvip.com.

United Concordia Companies, Inc.

P.O. Box 69421

Harrisburg, PA 17106-9421

Deadline For Filing Your Claim

Your United Concordia National Fee-for-Service participating dentist or you must file a claim within 12 months after the month in which a service is provided.

Disputed Claims Process

Follow this disputed claims process if you disagree with our decision on your claim or request for services. **The FEDVIP law does not provide a role for OPM to review disputed claims.**

Disputed Claims Steps

1 Ask us in writing to reconsider our initial decision. You must file an appeal with us within 180 days of receipt of the initial decision. Please submit with your appeal, the appropriate written comments from the treating dentist, supporting documents, dental records and other information relating to the claim(s).

2 We have 60 days from the date we receive your request to review the appeal in a thorough, appropriate and timely manner to ensure that you are afforded a full and fair review of claims for benefits.

3 If the dispute is not resolved through the reconsideration process, you may request a review of the denial. You must file the appeal to us within 30 days of the receipt of the first review decision. Any dentist advisor involved in reviewing the appeal will be different from and not in a subordinate position to the dentist advisor involved in the initial benefit determination.

4 If you do not agree with our final decision, you may request an independent third party, mutually agreed upon by us and OPM, to review the decision. You must file the appeal in writing to United Concordia Dental within 30 days of receipt of the original appeal decision. The appeal should be mailed, with the appropriate written comments from the treating dentist, supporting documents, dental records and other information relating to the claim(s) to:

United Concordia Companies, Inc.

Member Appeals Department

P.O. Box 69420

Harrisburg, PA. 17106-9420

The independent third party will thoroughly review the appeal and provide the decision to United Concordia Dental who will in turn respond to you in writing within 60 days of receipt of the third party review request. The decision of the independent third party is binding and is the final review of your claim. This decision is not subject to judicial review.

Section 9 Definitions of Terms We Use in This Brochure

Annual Benefit Maximum	Our plan includes an annual benefit maximum of $3,500. Once you reach this amount, you are responsible for all charges.
Annuitants	Federal retirees (who retired on an immediate annuity), and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees.
BENEFEDS	The enrollment and premium administration system for FEDVIP.
Benefits	Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure.
Class A Services	Basic services, which include oral examinations, prophylaxis, diagnostic evaluations, sealants and x-rays.
Class B Services	Intermediate services, which include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling, tooth extractions, and denture adjustments.
Class C Services	Major services, which include endodontic services such as root canals, periodontal services such as gingivectomy, major restorative services such as crowns, oral surgery, bridges and prosthodontic services such as complete dentures.
Class D Services	Orthodontic services.
Dental Accident	An injury to sound natural teeth and supporting structures caused by a violent external force such as a fall or blow to the mouth.
Enrollee	The Federal employee or annuitant enrolled in this Plan.
FEDVIP	Federal Employees Dental and Vision Insurance Program.
Generally Accepted Dental Protocols	"Conventional" methods of evaluation, diagnosis, prevention and/or treatment of diseases, conditions and/or dysfunctions relating to the oral cavity and its associated structures.
Missing Tooth Clause	The exclusion of any service or supply rendered to replace a tooth lost prior to the effective date of coverage. If some teeth were missing prior to the effective date and others are extracted after coverage was effective, services such as a bridge or denture are eligible for payment.
Plan Allowance	The amount we use to determine our payment for services. We determine our plan allowance for members who reside in limited access areas as follows: the 75th percentile of Ingenix data for the provider's location; for care provided to members who live outside of the 50 states, the District of Columbia or Puerto Rico, the 90th percentile of Ingenix data for the District of Columbia.
Pre-certification	Pre-certification is not necessary under this Plan. We do recommend that you request a pre-determination of benefits for more extensive treatments. This assures both you and your United Concordia National Fee-for-Service dentist that the service is covered and how much you can expect to pay out-of-pocket.
Preexisting Condition	Any disease or condition of the teeth or supporting structures which were present on the effective date of coverage.
Rating Areas	Your rates are determined based on where you live. This is called a rating area. If you move, you must update your address through BENEFEDS. Your rates might change because of the move.

Waiting period	The amount of time that you must be enrolled in this Plan before you can receive orthodontic services.
We/Us	United Concordia Dental.
You	Enrollee or eligible family member.

Stop Health Care Fraud!

Fraud increases the cost of health care for everyone and increases your Federal Employees Dental and Vision Insurance Program premium.

Protect Yourself From Fraud – Here are some things that you can do to prevent fraud:

- Do not give your plan identification (ID) number over the telephone or to people you do not know, except to your providers, plan, BENEFEDS, or OPM.
- Let only the appropriate providers review your clinical record or recommend services.
- Avoid using providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Carefully review your explanation of benefits (EOBs) statements.
- Do not ask your provider to make false entries on certificates, bills or records in order to get us to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
  - Call the provider and ask for an explanation. There may be an error.
  - If the provider does not resolve the matter, call us at 1-877-968-7455 and explain the situation.
- Do not maintain as a family member on your policy:
  - Your former spouse after a divorce decree or annulment is final (even if a court order stipulates otherwise); or
  - Your child over age 22 (unless he/she is disabled and incapable of self- support).

If you have any questions about the eligibility of a dependent, please contact BENEFEDS.

Be sure to review Section 1, Eligibility, of this brochure, prior to submitting your enrollment or obtaining benefits.

You can be prosecuted for fraud and your agency may take action against you if you falsify a claim to obtain FEDVIP benefits or try to obtain services for someone who is not an eligible family member or who is no longer enrolled in the Plan

Summary of Benefits

- **Do not rely on this chart alone.** This page summarizes specific expenses we cover; please review the individual sections of this brochure, for more detail.
- If you want to enroll or change your enrollment in this Plan, please visit www.BENEFEDS.com or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680.

High Option Benefits	**You Pay In-network**	**You Pay Out-of-network**	**Page**
Class A (Basic) Services – preventive and diagnostic *	0%	20%	14
Class B (Intermediate) Services – includes minor restorative services *	20%	40%	16
Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services *	50%	60%	19
Class D Services – orthodontic – after a 24 month waiting period; for dependents under the age of 19; subject to a $1,500 lifetime maximum	50%	50%	24

*Class A, B, and C Services are subject to a $3,500 annual maximum benefit and a $2,000 dental accident lifetime maximum

Rate Information

How to find your rate

In the first chart below, look up your state or zip code to determine your Rating Area.

In the second chart on the following page, match your Rating Area to your enrollment type and plan option.

Premium Rating Areas by State/Zip Code (first three digits)

State		Rating Area	State		Rating Area	State		Rating Area
AK	**Entire state**	**5**	**MD**	**219**	**2**	**OK**	**Entire state**	**1**
AL	**Entire state**	**1**	**MD**	**Rest of state**	**4**	**OR**	**970-973**	**5**
AR	**Entire state**	**1**	**ME**	**Entire state**	**3**	**OR**	**Rest of state**	**4**
AZ	**Entire state**	**1**	**MI**	**480-485**	**2**	**PA**	**183**	**5**
CA	**900-918, 922-935**	**3**	**MI**	**Rest of state**	**3**	**PA**	**189-194**	**2**
CA	**939-941, 943-954**	**5**	**MN**	**550-555**	**3**	**PA**	**Rest of state**	**1**
CA	**Rest of state**	**4**	**MN**	**Rest of state**	**2**	**PR**	**Entire state**	**1**
CO	**Entire state**	**3**	**MO**	**640-641**	**2**	**RI**	**Entire state**	**5**
CT	**Entire state**	**5**	**MO**	**Rest of state**	**1**	**SC**	**Entire state**	**1**
DC	**Entire state**	**4**	**MS**	**Entire state**	**1**	**SD**	**Entire state**	**2**
DE	**Entire state**	**2**	**MT**	**Entire state**	**1**	**TN**	**Entire state**	**1**
FL	**330-334**	**3**	**NC**	**Entire state**	**1**	**TX**	**Entire state**	**1**
FL	**Rest of State**	**1**	**ND**	**Entire state**	**2**	**UT**	**Entire state**	**2**
GA	**Entire state**	**1**	**NE**	**Entire state**	**2**	**VA**	**201, 220-226**	**4**
HI	**Entire state**	**5**	**NH**	**Entire state**	**5**	**VA**	**230-232, 238**	**2**
IA	**Entire state**	**2**	**NJ**	**080-084**	**2**	**VA**	**Rest of state**	**1**
ID	**Entire state**	**2**	**NJ**	**Rest of state**	**5**	**VT**	**Entire state**	**3**
IL	**600-608**	**3**	**NM**	**Entire state**	**1**	**WA**	**980-986**	**5**
IL	**Rest of state**	**1**	**NV**	**897**	**4**	**WA**	**Rest of state**	**4**
IN	**460-462**	**1**	**NV**	**Rest of state**	**2**	**WI**	**530-534, 540**	**3**
IN	**463-464**	**3**	**NY**	**004, 005**	**5**	**WI**	**Rest of state**	**2**
IN	**Rest of state**	**2**	**NY**	**100-119, 124-126**	**5**	**WV**	**Entire state**	**1**
KS	**Entire state**	**2**	**NY**	**Rest of state**	**3**	**WY**	**Entire state**	**2**
KY	**Entire state**	**1**	**OH**	**440-443**	**3**	**Inter-national**		**5**
LA	**Entire state**	**1**	**OH**	**430-432, 453-455**	**2**	**APO/ FPO**		**5**
MA	**Entire state**	**5**	**OH**	**Rest of state**	**1**			

Bi-weekly Rates

Rating Area	High Option Self Only	High Option Self Plus One	High Option Self and Family
1	$13.22	$26.41	$39.63
2	$15.14	$30.26	$45.40
3	$16.43	$32.83	$49.26
4	$17.71	$35.39	$53.10
5	$19.09	$38.16	$57.24

Monthly Rates

Rating Area	High Option Self Only	High Option Self Plus One	High Option Self and Family
1	$28.64	$57.22	$85.87
2	$32.80	$65.56	$98.37
3	$35.60	$71.13	$106.73
4	$38.37	$76.68	$115.05
5	$41.36	$82.68	$124.02